

# HSA - Employer contribution correction request form



Mail or fax completed forms to:

**Address:** HealthEquity, Attn: Employer Services  
PO Box 14374 Lexington, KY 40512

**Fax:** 520.844.7090

| Employer information |         |       |
|----------------------|---------|-------|
| Company              | Contact | Phone |

| Account Holder and correction information             |   |            |      |
|---|---|------------|------|
| Last 4 of SSN or HealthEquity ID number               | Last name   | First name | M.I. |
| Employer contribution amount requested to be returned | Account Holder contribution amount requested to be returned | Tax year   |      |

Please note that contributions sent via PPD/Direct Deposit are classified as Employee Contributions and as such any corrections to them must be noted in the Account Holder contribution amount section above.

| Reason for correction (only select one of the following)   |
|--|
| <input type="checkbox"/> 1. Administrative or process error (with situations acknowledged by the IRS and clear documentary evidence). Account Holder signature not required. |
| <input type="checkbox"/> 2. Account Holder never eligible (IRS Notice 2008-59 Q/A 23). Account Holder signature required.  |
| <input type="checkbox"/> 3. Employer contributed amount that exceeds the maximum annual contribution allowed (IRS Notice 2008-59 Q/A 24). Account Holder signature required. |

| Processing options and notes   |  |
|--|--|
| Select only one option. If no option is selected, or if there is no verified EFT account on file, a check will be mailed.  |  |
| <input type="checkbox"/> Option 1 – Credit Invoice (credit may be used for future employer contributions or fee payments. If is not used within 60 days, funds will be returned via check) | <ul style="list-style-type: none"><li>• A \$20.00 processing fee applies and will be deducted from the amount returned to the employer.</li><li>• If the full amount of funds contributed to an HSA by the employer in error is no longer available (e.g., the Account Holder has already distributed the funds), no action will be taken and the employer must work directly with the Account Holder to resolve the matter.</li><li>• If this request is honored, HealthEquity will restore the employer and Account Holder to the financial condition they were in prior to the error being made within 7 to 10 business days of the date this request is received.</li><li>• Correction requests can only be processed for the current tax year</li></ul> |
| <input type="checkbox"/> Option 2 – Check  |  |
| <input type="checkbox"/> Option 3 – Send to verified employer EFT account on file. Please provide last 4 of account number _____ (required).   |  |
| <input type="checkbox"/> Option 4 – One-time electronic funds transfer (EFT). Form must be accompanied by a copy of a voided or an actual check.   |  |

| Account Holder authorization (only required for items 2 and 3 in "Reason for correction" section above)  |      |
|--|------|
| I authorize the refund of monies from my HealthEquity HSA for the reason specified above. I understand the contribution will be reversed from my HSA and returned to my employer. I understand that this form is not legal, tax, or financial advice and that HealthEquity has not provided such advice to me. I am solely responsible for any tax implications related to this authorization. |      |
| Signature  | Date |
| <b>Note:</b> Employer authorization section continued on next page.  |      |

## Employer authorization

Employer represents, warrants, understands and agrees with the following:

- In accordance with § 223 of the Internal Revenue Code and IRS Notice 2004-50 Q/A 82, the Account Holder's interest in an HSA is non-forfeitable, except as indicated in IRS notice 2008-59 Q/A 23, 24, and 25, and other IRS letters and communications (collectively, "IRS Guidelines").
- The reason for this contribution correction request is permitted or clearly recognized by IRS Guidelines.
- If this request is made due to an "Administrative or process error" (see item 1 in "Reason for correction" section above), employer has provided or is readily able to provide clear documentary evidence of such error and has articulated the specific action to be taken by HealthEquity. Per IRS Guidelines, employer is responsible for maintaining documentation to support the assertion that an error occurred, and the burden of proof is upon and will remain the responsibility of employer. Employer has provided or will provide notice to the Account Holder that this correction has been requested.
- Partial recoupments cannot be processed. If the full amount of funds contributed to an HSA in error is no longer available (e.g., the Account Holder has already distributed the funds), no action will be taken and the employer must work directly with the Account Holder to resolve the matter. If the employer's request is honored, HealthEquity will restore the employer and the Account Holder to the financial condition they were in prior to the error being made (minus any applicable fees) within 10 business days of the date the request is received. Correction requests can only be processed for the current tax year and one year prior.
- If an Account Holder contacts HealthEquity and questions or disputes the correction, or a dispute arises between the employer and the Account Holder, the employer authorizes and instructs HealthEquity to provide a copy of this completed form to the Account Holder (or the Account Holder's representative) and refer the Account Holder to the employer to resolve the matter directly with the employer. HealthEquity is not responsible for dispute resolution or facilitating communications between the employer and the Account Holder.
- This form may not be used in connection with the employer's payroll advance program (if any) to recoup funds from an Account Holder who may owe money to the employer. The employer must work directly with the Account Holder to be repaid for advanced funds if an Account Holder's employment is terminated.
- It is the employer's responsibility to adjust the information reported to the Account Holder on their W-2, if applicable.
- HealthEquity is not required to, nor in a position to, independently determine (i) whether an Account Holder is an HSA eligible individual, (ii) an Account Holder's personal annual HSA contribution maximum, (iii) what portion of an over-contributed HSA is attributable to and recoupable by the employer, or (iv) the validity of an administrative or process error. Therefore, HealthEquity must rely on employer's representations.
- The information provided in this request is true and accurate, and may be relied upon by HealthEquity.
- HealthEquity may take the actions it deems necessary and appropriate with regard to this request, including but not limited to processing contributions, distributions or electronic funds transfer of all or any portion of the amounts placed in, or otherwise held by or related to, the HSAs.
- No legal, tax, or financial advice is provided by this request form or by HealthEquity.
- Employer assumes all responsibility and liability for this request and will fully indemnify, defend and hold HealthEquity (including its agents, affiliates, successors and assigns) harmless against any and all losses and damage attributable to this request and any actions taken based on this request.
- The undersigned is authorized by all necessary and appropriate corporate actions to execute this request for and on behalf of employer.

Signature

Date